

ORDER FOR SUPPLIES OR SERVICES										PAGE 1 OF 4													
1. CONTRACT PURCH ORDER/AGREEMENT NO. <div style="border: 1px solid black; padding: 2px;">W52H09-04-P-0110</div>			2. DELIVERY ORDER/CALL NO.		3. DATE OF ORDER/CALL (YYYYMMDD) <div style="border: 1px solid black; padding: 2px;">2003DEC11</div>		4. REQUISITION/PURCH REQUEST NO. <div style="border: 1px solid black; padding: 2px;">SEE SCHEDULE</div>		5. PRIORITY <div style="border: 1px solid black; padding: 2px;">DOA5</div>														
6. ISSUED BY TACOM-ROCK ISLAND AMSTA-LC-CSC-A KENNETH ALLISON (309)782-1922 ROCK ISLAND IL 61299-7630 EMAIL: ALLISONK@RIA.ARMY.MIL			CODE <div style="border: 1px solid black; padding: 2px;">W52H09</div>		7. ADMINISTERED BY (If other than 6) <div style="border: 1px solid black; padding: 2px;">DCMA NEW YORK FT WADSWORTH BLDG 120 207 NEW YORK AVE STATEN ISLAND NY 10305-5013</div>			CODE <div style="border: 1px solid black; padding: 2px;">S3310A</div>		8. DELIVERY FOB <div style="border: 1px solid black; padding: 2px;"><input checked="" type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER (See Schedule if other)</div>													
9. CONTRACTOR <div style="border: 1px solid black; padding: 2px;">TRI-TECHNOLOGIES, INC. 40 HARTFORD AVE MOUNT VERNON, NY. 10553-5119</div>			CODE <div style="border: 1px solid black; padding: 2px;">06MA8</div>		FACILITY <div style="border: 1px solid black; padding: 2px;"></div>		10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) <div style="border: 1px solid black; padding: 2px;">SEE SCHEDULE</div>		11. X IF BUSINESS IS <div style="border: 1px solid black; padding: 2px;"><input checked="" type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMAN-OWNED</div>														
NAME AND ADDRESS <div style="border: 1px solid black; padding: 2px;">TYPE BUSINESS: Other Small Business Performing in U.S.</div>			12. DISCOUNT TERMS <div style="border: 1px solid black; padding: 2px;"></div>		13. MAIL INVOICES TO THE ADDRESS IN BLOCK <div style="border: 1px solid black; padding: 2px;">See Block 15</div>																		
14. SHIP TO <div style="border: 1px solid black; padding: 2px;">SEE SCHEDULE</div>			CODE <div style="border: 1px solid black; padding: 2px;"></div>		15. PAYMENT WILL BE MADE BY <div style="border: 1px solid black; padding: 2px;">DFAS COLUMBUS CENTER NORTH ENTITLEMENT OPERATIONS PO BOX 182266 COLUMBUS OH 43218-2266</div>				CODE <div style="border: 1px solid black; padding: 2px;">HQ0337</div>		MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2												
16. TYPE OF ORDER <div style="border: 1px solid black; padding: 2px;">DELIVERY/ CALL PURCHASE <input checked="" type="checkbox"/></div>												THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT. Reference your <input type="checkbox"/> Oral <input type="checkbox"/> Written Quotation _____, Dated _____. furnish the following on terms specified herein. ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.											
NAME OF CONTRACTOR _____ SIGNATURE _____ TYPED NAME AND TITLE _____ DATE SIGNED (YYYYMMDD) _____												<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:											
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE <div style="border: 1px solid black; padding: 2px;">SEE SCHEDULE</div>																							
18. ITEM NO.				19. SCHEDULE OF SUPPLIES/SERVICE <div style="border: 1px solid black; padding: 2px;">SEE SCHEDULE CONTRACT TYPE: Firm-Fixed-Price KIND OF CONTRACT: Supply Contracts and Priced Orders</div>								20. QUANTITY ORDERED/ ACCEPTED*				21. UNIT		22. UNIT PRICE				23. AMOUNT	
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.								24. UNITED STATES OF AMERICA SUZANNE K MCGREGOR /SIGNED/ MCGREGORS@RIA.ARMY.MIL (309)782-3127 BY: _____ CONTRACTING/ORDERING OFFICER								25. TOTAL <div style="border: 1px solid black; padding: 2px;">\$95,000.00</div>		26. DIFFERENCES <div style="border: 1px solid black; padding: 2px;"></div>					
27a. QUANTITY IN COLUMN 20 HAS BEEN <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO CONTRACT EXCEPT AS NOTED</div>																							
b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE												c. DATE (YYYYMMDD)				d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE							
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE												28. SHIP. NO. <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL</div>				29. D.O. VOUCHER NO.				30. INITIALS <div style="border: 1px solid black; padding: 2px;"></div>			
f. TELEPHONE NUMBER						g. E-MAIL ADDRESS						31. PAYMENT <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL</div>				32. PAID BY				33. AMOUNT VERIFIED CORRECT FOR			
36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.																34. CHECK NUMBER							
a. DATE (YYYYMMDD)						b. SIGNATURE AND TITLE OF CERTIFYING OFFICER										35. BILL OF LADING NO.							
37. RECEIVED AT				38. RECEIVED BY (Print)				39. DATE RECEIVED (YYYYMMDD)				40. TOTAL CONTAINERS				41. S/R ACCOUNT NUMBER				42. S/R VOUCHER NO.			

CONTINUATION SHEET	Reference No. of Document Being Continued PIIN/SIIN W52H09-04-P-0110 MOD/AMD	Page 2 of 4
Name of Offeror or Contractor: TRI-TECHNOLOGIES, INC.		

SUPPLEMENTAL INFORMATION

This award is made against an urgent price and availability for 2,000 m249 Front Rail Kit.

Purchase order W52H09-04-P0110 is subject to terms and conditions of DAAE30-02-C-1135

*** END OF NARRATIVE A 001 ***

Name of Offeror or Contractor: TRI-TECHNOLOGIES, INC.

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	SUPPLIES OR SERVICES AND PRICES/COSTS				
0001	NSN: 1005-01-490-9698 FSCM: 19200 PART NR: 12993770 SECURITY CLASS: Unclassified				
0001AA	PRODUCTION QUANTITY WITHOUT FIRST ARTICLE/QV NOUN: M249 FRONT RAIL KIT PRON: M141S380M1 PRON AMD: 01 ACRN: AA AMS CD: 0700116Z6ZA <u>Packaging and Marking</u> <u>Inspection and Acceptance</u> INSPECTION: Origin ACCEPTANCE: Origin <u>Deliveries or Performance</u> DOC SUPPL <u>REL_CD</u> <u>MILSTRIP</u> <u>ADDR_</u> <u>SIG_CD</u> <u>MARK FOR</u> <u>TP_CD</u> 001 W52H093335A158 W25G1U J 1 <u>DEL_REL_CD</u> <u>QUANTITY</u> <u>DEL_DATE</u> 001 400 15-APR-2004 002 400 15-MAY-2004 003 400 15-JUN-2004 004 400 15-JUL-2004 005 400 15-AUG-2004 FOB POINT: Destination SHIP TO: <u>FREIGHT ADDRESS</u> (W25G1U) XU TRANSPORTATION OFFICER DDSP NEW CUMBERLAND FACILITY BUILDING MISSION DOOR 113 134 NEW CUMBERLAND PA 17070-5001 <u>CONTRACT/DELIVERY ORDER NUMBER</u> W52H09-04-P-0110/0000	2000	KT	\$_____ 47.50000	\$_____ 95,000.00

Name of Offeror or Contractor: TRI-TECHNOLOGIES, INC.

CONTRACT ADMINISTRATION DATA

LINE	PRON/ AMS CD/ ITEM	OBLG STAT	ACCOUNTING CLASSIFICATION	JOB ORDER NUMBER	ACCOUNTING STATION	OBLIGATED AMOUNT
0001AA	M141S380M1 0700116Z6ZA	AA2	97 X4930AC6G 6D	26FB S11116	W52H09	\$ 95,000.00
TOTAL						\$ 95,000.00

SERVICE NAME	TOTAL BY ACRN	ACCOUNTING CLASSIFICATION	ACCOUNTING STATION	OBLIGATED AMOUNT
Army	AA	97 X4930AC6G 6D	26FB S11116	W52H09 \$ 95,000.00
TOTAL				\$ 95,000.00